



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



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SUPERINTENDENT OF
PUBLIC INSTRUCTION

May 24, 2004

MEMORANDUM

To: State Board of Education

From: Thomas D. Watkins, Jr., Chairman

Subject: Approval of School Health State Board Policies: (1) Policy on Comprehensive School Health Education, and (2) Policy on Quality Character Education

In December 2003, Mrs. Straus met with representatives from local schools and health departments, community agencies, and the Michigan Model State Steering Committee to develop policies regarding comprehensive school health education and character education. The resulting policies (Attachments A and B) address specific recommendations that schools can use to examine their own school health programs and policies.

These two new policies build on and incorporate the vision of the Board's Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools (September 2003). They are also related to other policies approved by the State Board of Education such as: Policies for Creating Effective Learning Environments (December 2000); Policies on Bullying (July 2001); and Resolution on Parenting Awareness Month (February 2004). This Character Education Policy replaces the current Character Education Policy due to updates at both the national and state policy and programmatic levels. In addition, the new policies build on the leadership of Michigan Legislature and State Board initiatives including: Board-approved teacher certification requirements; Act 451 of 1976, the adoption of requirements for health and physical education in every school; the boiler plate language that has been used since 1984 for the *Michigan Model for Comprehensive School Health Education*; and the 1998 Board-approved *Michigan Health Education Content Standards and Benchmarks*.

Well-planned and implemented comprehensive school health education has been shown to positively influence students' health-related knowledge, skills, and behaviors and contributes to their academic achievement. Schools, together with families and communities, have a duty to implement effective health education programs that will help students make responsible decisions during their school years and into their adult lives. The Board recommends that school districts adopt research-based health education programs and policies, implement them using

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collaborative and integrative approaches, and engage highly qualified teachers of health education.

The well being of a democratic society requires the civic engagement of ethical citizens. The development of ethical behavior is a long-term and intentional process that requires the partnership of families, schools, and communities. Research-based character education can help create healthy, safe, and supportive learning environments that lead to success in school and in life. The Board recommends that all public schools in the state use eleven principles to develop, implement, and evaluate their character education initiatives.

It is recommended that the State Board of Education approve the School Health State Board Policies: (1) Policy on Comprehensive School Health Education, and (2) Policy on Quality Character Education, as attached to the Superintendent's memorandum dated May 24, 2004.

Attachments

Michigan State Board of Education

Policy on Comprehensive School Health Education

The Michigan State Board of Education promotes school success through coordinated school health programs.¹ Schools cannot achieve their primary mission of educating students for lifelong learning and success if students and staff are not physically, mentally and socially healthy. Comprehensive school health education is a critical component of coordinated school health programs.

Health education helps students attain health knowledge and skills that are vital to success in school and the workplace, such as setting personal health goals, resolving conflicts, solving complex problems, and communicating effectively. Research shows that effective health education also helps students do better in their other studies.² The American public agrees that health skills should make up nearly half of the most important skills students should have mastered to graduate from high school.³

The Board is convinced that all students should be taught the essential knowledge and skills they need to become “health literate,” making the healthiest choices available, and avoiding those behaviors that can cause damage to their health and well-being. The Board urges all schools to further their goals for educational reform by complying with existing state law to implement comprehensive health education programs and makes the following recommendations to strengthen those programs. (See Appendix A for Comprehensive School Health Education in Michigan—Background and Research for additional information.)

I. The Board recommends that each school district adopt, implement, and evaluate a research-based, theory-driven comprehensive health education program, such as the nationally recognized *Michigan Model for Comprehensive School Health Education*.

The program should:

- Provide at least 50 hours of health education instruction at every grade, Pre-kindergarten through Grade 12, to give all students sufficient time to learn health skills and habits for a lifetime;^{4 5 6}
- Help students master the Michigan Health Education Content Standards and Benchmarks;
- Focus on helping young people develop and practice personal and social skills, such as communication and decision making, in order to deal effectively with health-risk situations;
- Use active, participatory instructional strategies to engage all students;

¹ State Board Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools, September 2003.

² Schoener, J., Guerrero, F., and Whitney, B. (1988). The effects of the Growing Healthy program upon children's academic performance and attendance in New York City. Report from the Office of Research, Evaluation and Assessment to the New York City Board of Education.

³ Mid-Continent Research for Education and Learning. (1988). What Americans believe students should know: a survey of U.S. adults, 39-45. www.mcrel.org/products/standards/survey.asp.

⁴ American Association of School Administrators. (1991). Healthy kids for the year 2000: An action plan for schools. Arlington, VA: Author.

⁵ Connell, D., Turner, R., and Mason, E. (1985). Summary of findings of the school health education evaluation: health promotion effectiveness, implementation, and costs. *Journal of School Health*, 55(8), 316-321.

⁶ National School Boards Association. (1991). School health: Helping children learn. Alexandria, VA: Author.

- Address social and media influences on student behaviors and help students identify healthy alternatives to specific high-risk behaviors;
- Emphasize critical knowledge and skills that students need in order to obtain, understand, and use basic health information and services in ways that enhance healthy living;
- Focus on behaviors that have the greatest effect on health, especially those related to nutrition; physical activity; violence and injury; alcohol and other drug use; tobacco use; and sexual behaviors that lead to HIV, sexually transmitted disease, or unintended pregnancy, emphasizing their short-term and long-term consequences;⁷
- Build functional knowledge and skills, from year to year, that are developmentally appropriate;
- Include accurate and up-to-date information, and be appropriate to students' developmental levels, personal behaviors, and cultural backgrounds.

II. The Board further recommends that student work in health education courses be regularly assessed and graded using only performance-based items that are aligned with the health education content standards, curriculum, and instruction. Course grades should be determined in the same manner as other subject areas, and should be included in calculations of grade point average, class rank, and academic recognition programs such as honor roll.

III. The Board further recommends that collaborative and integrative approaches be used in the teaching of health education.

- The health education program should be one component of a Coordinated School Health Program and should be coordinated with other school health initiatives by a Coordinated School Health Team, which includes the health education teacher.
- Health topics should be integrated into the instruction of other subjects to the greatest extent possible, with the assistance of school health education professionals. Such cross-teaching is intended to complement, not substitute for, the health education program.
- School districts should collaborate with community organizations to provide student learning opportunities in the classroom and in the community, including community opportunities for service learning related to health and presentations by community agencies that are in keeping with local board policies and relevant to the course objectives.

IV. The Board further recommends that schools partner with parents/guardians and families, who are the first and primary health educators of their children, in order to provide consistent messages regarding healthy behavior. Local school districts should adopt health education programs that are consistent with school and community standards and that support positive parent/child communication and guidance.

V. The Board further recommends that districts employ highly qualified teachers of health education. All health education teachers should possess the necessary qualifications, skills, and training essential to perform their duties well, and should serve as positive role models by demonstrating healthy behaviors.

- In order to teach health in elementary classrooms, or secondary courses other than health, a teacher should have received quality professional development in health education through

Centers for Disease Control, Division of Adolescent and School Health. www.cdc.gov/nccdphp/dash/

their pre-service preparation or through in-service training such as that provided by Michigan's Comprehensive School Health Coordinators.

- In order to teach health in secondary health courses, a teacher must have an endorsement in health or family and consumer sciences on their secondary level teaching certificate.
- All health education teachers, regardless of years of service, should receive administrative support to participate in ongoing professional development activities specifically related to health education.
- Professional development activities should provide teachers with opportunities to practice using strategies designed to influence students' health behaviors and attitudes.

VI. The State Board further recommends that local school boards promote school success through policies and funding for comprehensive school health education. This can be accomplished by:

- Developing, implementing, and evaluating the local school district policies that promote health literacy and healthy behaviors among all students;
- Using all available funds most effectively by collaborating with other school districts and/or intermediate school districts to provide health education services; and
- Working with local partners to provide additional funding for comprehensive school health education programming, professional development, and classroom materials.

Comprehensive School Health Education in Michigan ~ Background and Research

Even though the Michigan Youth Risk Behavior Survey and other national data show a trend in reduced numbers of risky behaviors among adolescents, there are still too many young people engaging in sexual activity that results in HIV, sexually transmitted infection, or unintended pregnancy, alcohol use, physical inactivity, inadequate nutrition, tobacco use, and violence. The health problems associated with these risky behaviors can result in lower performance in school, work, sports, and other recreational activities. Comprehensive health education can help these students gain the knowledge, attitudes, and skills needed to make healthy choices.

Health Education and the Coordinated School Health Programs Model

Comprehensive school health education is one important component of the Coordinated School Health Programs Model, helping all students learn how to get and remain fit, healthy, and ready to learn. By collaborating with school administrators, school boards, families, and other teachers and support personnel such as physical educators, school nurses, food service personnel, counselors, psychologists and social workers, the wellness team, community agencies, and those responsible for school environment, health education teachers can have an impact on their students' lives that extends far past the health education classroom.

Health Education Content Standards and Benchmarks

The educational goal of health education is health literacy, "the capacity to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health enhancing," (Joint Committee on National Health Education Standards). In July 1998, the State Board approved new Content Standards and Benchmarks for Health Education that promote health literacy. The standards state that all students will:

1. Apply health promotion and disease prevention concepts and principles to personal, family, and community health issues;
2. Access valid health information and appropriate health promoting products and services;
3. Practice health enhancing behaviors and reduce health risks;
4. Analyze the influence of cultural beliefs, media, and technology on health;
5. Use goal setting and decision-making skills to enhance health;
6. Demonstrate effective interpersonal communication and other social skills that enhance health; and
7. Demonstrate advocacy skills for enhanced personal, family, and community health.

Michigan Model for Comprehensive School Health Education

The *Michigan Model for Comprehensive School Health Education (Michigan Model)*, our state's model health curriculum, was developed with State Board support in 1983 and continues to be supported and updated through a broad-based collaboration that includes the Michigan Departments of Education, Community Health, State Police, and the Family Independence Agency, as well as over 200 professional organizations, institutions, and voluntary agencies. The *Michigan Model* provides lessons for kindergarten through high school that impact knowledge and behavior and builds upon the knowledge and skills developed at the previous grade levels. The *Michigan Model* has been honored by several national organizations. It was named a "Select Program" by the Collaborative for Academic, Social and Emotional Learning; a "promising

program” by the U.S. Department of Education’s Panel on Safe and Drug-Free Schools; and received a grade of “A” from Drug Strategies, Inc.

Health Education Research

Research shows that effective health education does help students increase their health knowledge and improve their health skills and behaviors (Connell, Turner, Mason 1985). Students who actively participated in an effective health education program also engaged in fewer of the risky behaviors targeted by the program (Botvin et al 2001; Dent et al 1995). Middle school students who received the *Michigan Model* developed a stronger resistance to using alcohol and other drugs (Shope, et al, 1996). Students who received a two-year social decision-making and problem-solving program in elementary school showed more pro-social behavior and less antisocial and self-destructive behaviors when followed up in high school four to six years later (Elias et al, 1991).

Research also shows that effective health education even helps students do better in their other studies. In one study, the reading and math scores of third and fourth grade students who received comprehensive health education were significantly higher than those who did not receive health education (Schoener, Guerrero and Whitney, 1988). The American public agrees that health education is critical. Adults in a nationally representative survey identified performance standards they thought were critical for high school graduation. Ten (40 percent) of the 25 critical standards identified by this representative group were health-related (Mid-Continent Research for Education and Learning Survey, 1998).

Critical Priorities for Health Education

The Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH), has identified the risk behavior areas that contribute most to the leading causes of death and disability among adults and youth, encouraging school health programs to prioritize these areas. Because these behaviors involve all the dimensions of health, including the physical, mental, emotional and social dimensions, comprehensive health education should also address these factors. The risk behavior areas, with some of the national statistics, are:

Nutrition, Physical Activity, and Tobacco Use

Unhealthy diet, physical inactivity patterns, and tobacco use are by far the leading causes of death among adults. Together these risk factors account for at least 700,000 deaths in the United States each year. Almost 9 million children and adolescents in the U.S. aged 6–19 years are overweight and each day more than 4,000 Americans younger than age 18 try their first cigarette (Substance Abuse and Mental Health Services Administration, 2001). In Michigan, only 28 percent of high school students attend physical education class daily (Michigan Department of Education, 2003).

Injury and Violence (including suicide)

Injury and violence are the leading causes of death among youth aged 5-19: motor vehicle crashes (31 percent of all deaths), all other unintentional injuries (12 percent), homicide (15 percent), and suicide (12 percent) (CDC/DASH). Every four hours a child in America commits suicide (Children’s Defense Fund). In Michigan, 30 percent of high school students report feeling so sad or hopeless almost every day for two weeks or more

in a row that they stopped doing their usual activities (Michigan Department of Education, 2003).

- **Sexual Behaviors**
Each year approximately three million cases of sexually transmitted diseases occur among teenagers and approximately 860,000 teenagers become pregnant (CDC/DASH).
- **Alcohol and Drug Use**
One in three high school students reports having consumed five or more drinks in a row in the last 30 days (CDC, Surveillance Summaries). Alcohol and other drug use is a factor in approximately half of all deaths from motor vehicle crashes (CDC/DASH).

These behaviors are usually established during childhood, persist into adulthood, are inter-related, and are preventable. In addition to causing serious health problems, these behaviors also contribute to the educational and social problems that confront the nation, including failure to complete high school, unemployment, and crime. Comprehensive health education, as part of a Coordinated School Health Program, can have a positive impact on the academic and life success of Michigan students.

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Michigan State Board of Education Policy on Quality Character Education

The Michigan State Board of Education believes that there are two important reasons to teach character education in public schools. First, the well being of a democratic society requires the civic engagement of ethical citizens. Character education must be a deliberate and long-term effort by families, schools, and community partners to help young people understand, care about, and act upon shared ethical values.

Secondly, character education helps students learn. Qualities such as caring, responsibility, respect for oneself and others, fairness, trustworthiness, citizenship, and self-restraint promote a healthy, safe, and supportive learning environment that promotes the primary mission of the school, which is to educate. With effective character development programs, schools can increase academic achievement and prosocial attitudes and behaviors and decrease negative behaviors such as truancy, violence, discipline problems, and bullying.

The State Board of Education believes that character education in public schools must be secular in nature and is best implemented using coordinated school health programs¹ with a focus on developing positive relationships and prosocial norms among students and staff.

The State Board of Education therefore recommends that the following principles² be used to adopt, implement, and evaluate research-based programs, such as the *Michigan Model for Comprehensive School Health Education*, to teach character education in all public schools in the state:

1. ***Promote core ethical values as the basis of healthy relationships and good character.*** The State Board of Education believes that widely shared core ethical values, such as caring, honesty, fairness, responsibility, respect for self and others, trustworthiness, citizenship, and self-restraint form the basis of healthy relationships and good character.
2. ***Define character comprehensively to include understanding, self-efficacy, social skills, environmental support, and behavior.*** The character education program should provide students with opportunities to develop understanding through in-depth discussions at home and in school about real problems and belief in their ability to act on their values. Students should have opportunities to develop healthy life skills such as assertive communication, empathic listening, helping and help seeking, self-assessment, decision-making, analyzing influences, managing emotions, and critical thinking. The climate of the school should support the use of these skills. Students should be given opportunities to apply these skills in service to their communities, such as through cross-age tutoring, peer mediation, and service-learning opportunities.
3. ***Use a comprehensive, intentional, and proactive approach to character development.*** The core values should be reflected in the instructional and assessment processes, the extracurricular and intramural sport programs, the behavior of the adults in the school, and in the discipline procedures. Character education should provide the opportunity for open, respectful dialogues about real-life ethical dilemmas in the life of the school.

¹ See the State Board Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools, September 2003.

² These principles are adapted from the *Eleven Principles of Effective Character Education* from the Character Education Partnership, viewable at www.character.org.

4. ***Create a caring community.*** Character development has integrity only in the context of a caring environment in which everyone in the school experiences safety and a sense of belonging and is given opportunities to contribute in meaningful ways. Research indicates that bullying is often rooted in a rejection of real or perceived differences in race, ethnicity, gender, gender expression, socioeconomic class, sexual orientation, and disabilities. Connectedness should therefore be promoted across differences, within and across grade levels, and between and among students, staff, and families. The climate in each classroom and through the school should become one of mutual respect, fairness, and cooperation.
5. ***Provide students with age-appropriate opportunities for ethical action.*** Community partnerships can provide many and varied opportunities to apply the core values in real-life situations. Through service learning, students contribute to the welfare of others and reflect on the outcomes of their efforts. Students from all of the social groups in a school should be given opportunities to participate in making decisions about ethical dilemmas in school life so that they can learn how to exercise leadership in ethical ways.
6. ***Provide a meaningful and challenging comprehensive curriculum that respects all learners, develops their character, and helps them to succeed.*** Providing a curriculum that is inherently meaningful to students contributes to school success. The subject content and instructional processes used in the school should therefore engage all students, providing them with many opportunities for creative problem-solving and allow them to test their ideas and have a say in matters that affect them. Active teaching and learning methods, such as service-learning, experience-based projects, problem-solving approaches, and cooperative groups that address multiple intelligences and individual learning styles, should be used to help all students succeed. The natural intersections between subject content and character should be developed, such as addressing current ethical issues in science, debating historical practices and decisions, and discussing ethical dilemmas in literature.
7. ***Strive to foster students' self-motivation.*** Growing in self-motivation, like all learning, is a developmental process. Over time, effective character education provides opportunities for students to develop an internal commitment and belief in their ability to act on the core values. In order for students to be able to act responsibly in school, at home, or at work, they must be able to understand and care about how their own behavior affects others, how to act responsibly toward others, how to assess their own behavior, and how to change their behavior when needed.
8. ***Engage school staff as a learning community that shares responsibility for character education.*** Students learn through example. The adult members of the school community should model the same core values that are part of the student program. All school staff should be included in the character education initiative, including secretaries, paraprofessional teachers, custodians, food service workers, coaches, playground assistants, librarians, social workers, counselors, bus drivers, and volunteers, as well as teachers and administrators. Staff should help develop the school's vision of character education and receive professional development and supervision in its application. Schools should provide time for staff to reflect on ethical dilemmas facing the school community to ensure that the school operates with integrity and that staff are able to assist students in analyzing their own ethical dilemmas.
9. ***Foster shared ethical leadership and long-range support.*** Character education programs are most effective when they are used to support school-wide culture change in addition to fostering individual behavioral change. In order to affect lasting change in the culture and

norms of the school, long-range support that will outlive program or administrative changes is needed. Schools should use existing committees, such as the school improvement or coordinated school health committee, to champion character education efforts. It is important to ensure that the committees include representatives from staff, student, and parent groups, and enable students to take on developmentally appropriate leadership roles.

- 10. *Engage families and community members as partners in the character building effort.*** The collaboration of families, schools, and community partners is essential to develop and sustain an effective character development program. When schools reach out to families, they are recruiting the help of the wider community (i.e., businesses, youth organizations, religious institutions, local government, and the media) to support their programs. Community partners can help by providing resources, recruiting volunteers, and identifying community needs for meaningful service-learning projects. Schools should take pains to communicate with families in culturally appropriate ways and make a special effort to reach out to subgroups of families who may not yet feel part of the school community.
- 11. *Evaluate the outcomes of the program.*** Schools should regularly assess the progress of their character education initiatives and may do so through the use of simple surveys and analysis of already existing data. Important areas to assess include the extent to which the school is becoming a more caring community, the growth of the school staff as character educators, and the growth of student character.